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## APPLICANTS

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 \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/443,939 01/30/2003 *yes*

*M.L.*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 12	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>M.L.</i>			
Verified and Acknowledged	INITIALS			

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## TITLE

Color correction using a device-dependent display profile

FILING FEE  RECEIVED 1800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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